

**2016-17 Benefit Plan Rates for PART TIME (.75 FTE) Employee - Contributions are Tiered Rates**

**COCC GROUP HEALTH PLAN OPTIONS**

<b>Alder Medical Plan</b>	\$400 annual deductible; \$0-20 copay/20% coinsurance (in-network)	
<i>Airch with Healthy Futures</i>	<i>\$300 annual deductible for each Employee and Spouse/Domestic Partner</i>	
<b>Birch Medical Plan</b>	\$800 annual deductible; \$0-30 copay/20% coinsurance (in-network)	
<i>Birch with Healthy Futures</i>	<i>\$700 annual deductible for each Employee and Spouse/Domestic Partner</i>	
<b>Cedar Medical Plan</b>	\$1200 annual deductible; \$0-30 copay/20% coinsurance (in-network)	
<i>Cedar with Healthy Futures</i>	<i>\$1100 annual deductible for each Employee and Spouse/Domestic Partner</i>	
<b>Evergreen Medical Plan/HSA*</b>	\$1600/Individual or \$3200/family annual deductible; 20% coinsurance (In-network)	
<b>*new HSA Plan</b>	<b>Health Savings Account (HSA)</b>	
<i>Evergreen with Healthy Futures</i>	<i>\$1500/Individual or \$3100/Family annual deductible</i>	
<b>Delta Dental Plan 1</b>	\$50 annual deductible; 0-30% coinsurance; \$2,200 plan benefit; Ortho \$1800max + 20% per visit	
<b>Willamette Dental</b>	No annual deductible; \$20 copay; Ortho \$1500 copay + \$20 per visit	<b>EE = Employee</b>
<b>Opal Vision Plan 1</b>	No annual deductible; \$600 plan benefit; no copays	

***Incentives for reduction to annual deductible during Open Enrollment Only***

**1. *Healthy Futures Program*** - EE + Spouse/DP complete a Health Assessment by Oct 15 to receive \$100 reduction toward annual deductible

**.75 FTE of CAP = \$1,166.22**

**FT CAP = \$1,554.96**

**Alder Medical Plan (\$400 annual deductible) \$0-30 copay/20% coinsurance (in-network)**

PPO Plan	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY	Synergy Plan	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY
PPO is not available for the Alder Plan					<b>Alder Synergy Rates</b>	638.97	1,405.74	1,214.07	1,980.86
					Delta Dental Plan 1	64.09	126.95	141.18	209.07
					Opal Vision Plan	22.39	49.23	42.50	69.37
					<b>Total:</b>	<b>725.45</b>	<b>1,581.92</b>	<b>1,397.75</b>	<b>2,259.30</b>
					<b>EE Monthly Cost:</b>	<b>\$72.55</b>	<b>\$415.70</b>	<b>\$231.53</b>	<b>\$1,093.08</b>
					<b>Alder Synergy Rates</b>	638.97	1,405.74	1,214.07	1,980.86
					Willamette Dental	42.75	84.65	90.07	135.38
					Opal Vision Plan	22.39	49.23	42.50	69.37
					<b>Total:</b>	<b>704.11</b>	<b>1,539.62</b>	<b>1,346.64</b>	<b>2,185.61</b>
					<b>EE Monthly Cost:</b>	<b>\$70.41</b>	<b>\$373.40</b>	<b>\$180.42</b>	<b>\$1,019.39</b>
					<b>Alder Synergy Rates</b>	638.97	1,405.74	1,214.07	1,980.86
					Delta Dental Plan 1	64.09	126.95	141.18	209.07
					no vision				
					<b>Total:</b>	<b>703.06</b>	<b>1,532.69</b>	<b>1,355.25</b>	<b>2,189.93</b>
					<b>EE Monthly Cost:</b>	<b>\$70.31</b>	<b>\$366.47</b>	<b>\$189.03</b>	<b>\$1,023.71</b>
					<b>Alder Synergy Rates</b>	638.97	1,405.74	1,214.07	1,980.86
					Willamette Dental	\$42.75	\$84.65	\$90.07	\$135.38
					no vision				
					<b>Total:</b>	<b>681.72</b>	<b>1,490.39</b>	<b>1,304.14</b>	<b>2,116.24</b>
					<b>EE Monthly Cost:</b>	<b>\$68.17</b>	<b>\$324.17</b>	<b>\$137.92</b>	<b>\$950.02</b>
				<b>Alder Synergy Rates</b>	638.97	1,405.74	1,214.07	1,980.86	
				no dental					
				Opal Vision Plan	22.39	49.23	42.50	69.37	
				<b>Total:</b>	<b>661.36</b>	<b>1,454.97</b>	<b>1,256.57</b>	<b>2,050.23</b>	
				<b>EE Monthly Cost:</b>	<b>\$66.14</b>	<b>\$288.75</b>	<b>\$125.66</b>	<b>\$884.01</b>	

**Birch Medical Plan (\$800 annual deductible) \$0-30 copay/20% coinsurance (in-network)**

PPO Plan	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY	Synergy Plan	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY
Birch Med Plan	628.29	1,382.22	1,193.75	1,947.71	Synergy Plan will not be offered PPO Only				
Delta Dental Plan 1	64.09	126.95	141.18	209.07					
Opal Vision Plan	22.39	49.23	42.50	69.37					
<b>Total:</b>	<b>714.77</b>	<b>1,558.40</b>	<b>1,377.43</b>	<b>2,226.15</b>					
<b>EE Monthly Cost:</b>	<b>\$71.48</b>	<b>\$392.18</b>	<b>\$211.21</b>	<b>\$1,059.93</b>					
Birch Med Plan	628.29	1,382.22	1,193.75	1,947.71					
Willamette Dental	\$42.75	\$84.65	\$90.07	\$135.38					
Opal Vision Plan	22.39	49.23	42.50	69.37					
<b>Total:</b>	<b>693.43</b>	<b>1,516.10</b>	<b>1,326.32</b>	<b>2,152.46</b>					
<b>EE Monthly Cost:</b>	<b>\$69.34</b>	<b>\$349.88</b>	<b>\$160.10</b>	<b>\$986.24</b>					
Birch Med Plan	628.29	1,382.22	1,193.75	1,947.71					
Delta Dental Plan 1 no vision	64.09	126.95	141.18	209.07					
<b>Total:</b>	<b>692.38</b>	<b>1,509.17</b>	<b>1,334.93</b>	<b>2,156.78</b>					
<b>EE Monthly Cost:</b>	<b>\$69.24</b>	<b>\$342.95</b>	<b>\$168.71</b>	<b>\$990.56</b>					
Birch Med Plan	628.29	1,382.22	1,193.75	1,947.71					
Willamette Dental no vision	\$42.75	\$84.65	\$90.07	\$135.38					
<b>Total:</b>	<b>671.04</b>	<b>1,466.87</b>	<b>1,283.82</b>	<b>2,083.09</b>					
<b>EE Monthly Cost:</b>	<b>\$67.10</b>	<b>\$300.65</b>	<b>\$128.38</b>	<b>\$916.87</b>					
Birch Med Plan no dental	628.29	1,382.22	1,193.75	1,947.71					
Opal Vision Plan	22.39	49.23	42.50	69.37					
<b>Total:</b>	<b>650.68</b>	<b>1,431.45</b>	<b>1,236.25</b>	<b>2,017.08</b>					
<b>EE Monthly Cost:</b>	<b>\$65.07</b>	<b>\$265.23</b>	<b>\$123.63</b>	<b>\$850.86</b>					

**Cedar Medical Plan (\$1200 annual deductible) \$0-30 copay/20% coinsurance (in-network)**

PPO Plan	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY	SYNERGY Plan	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY
Cedar Med Plan	580.73	1,277.60	1,103.40	1,800.31	Synergy Plan will not be offered PPO Only				
Delta Dental Plan 1	64.09	126.95	141.18	209.07					
Opal Vision Plan	22.39	49.23	42.50	69.37					
<b>Total:</b>	<b>667.21</b>	<b>1,453.78</b>	<b>1,287.08</b>	<b>2,078.75</b>					
<b>EE Monthly Cost:</b>	<b>\$66.72</b>	<b>\$287.56</b>	<b>\$128.71</b>	<b>\$912.53</b>					
Cedar Med Plan	580.73	1,277.60	1,103.40	1,800.31					
Willamette Dental	\$42.75	\$84.65	\$90.07	\$135.38					
Opal Vision Plan	22.39	49.23	42.50	69.37					
<b>Total:</b>	<b>645.87</b>	<b>1,411.48</b>	<b>1,235.97</b>	<b>2,005.06</b>					
<b>EE Monthly Cost:</b>	<b>\$64.59</b>	<b>\$245.26</b>	<b>\$123.60</b>	<b>\$838.84</b>					
Cedar Med Plan	580.73	1,277.60	1,103.40	1,800.31					
Delta Dental Plan 1 no vision	64.09	126.95	141.18	209.07					
<b>Total:</b>	<b>644.82</b>	<b>1,404.55</b>	<b>1,244.58</b>	<b>2,009.38</b>					
<b>EE Monthly Cost:</b>	<b>\$64.48</b>	<b>\$238.33</b>	<b>\$124.46</b>	<b>\$843.16</b>					
Cedar Med Plan	580.73	1,277.60	1,103.40	1,800.31					
Willamette Dental no vision	\$42.75	\$84.65	\$90.07	\$135.38					
<b>Total:</b>	<b>623.48</b>	<b>1,362.25</b>	<b>1,193.47</b>	<b>1,935.69</b>					
<b>EE Monthly Cost:</b>	<b>\$62.35</b>	<b>\$196.03</b>	<b>\$119.35</b>	<b>\$769.47</b>					
Cedar Med Plan no Dental	580.73	1,277.60	1,103.40	1,800.31					
Opal Vision Plan	22.39	49.23	42.50	69.37					
<b>Total:</b>	<b>580.73</b>	<b>1,277.60</b>	<b>1,103.40</b>	<b>1,800.31</b>					
<b>EE Monthly Cost:</b>	<b>\$58.07</b>	<b>\$127.76</b>	<b>\$110.34</b>	<b>\$634.09</b>					

**Evergreen / HSA Plan (\$1600/\$3200 annual deductible) No CoPays; 20% coinsurance (in-network)**

<b>PPO Plan Rates</b>	<b>EE ONLY</b>	<b>EE + SPOUSE</b>	<b>EE+ CHILD(REN)</b>	<b>FAMILY</b>	<b>SYNERGY Plan Rates</b>	<b>EE ONLY</b>	<b>EE + SPOUSE</b>	<b>EE+ CHILD(REN)</b>	<b>FAMILY</b>
Evergreen / HSA*	466.03	1,025.26	885.47	1,444.70	Evergreen / HSA*	419.43	922.74	796.92	1,300.24
Delta Dental Plan 1	64.09	126.95	141.18	209.07	Delta Dental Plan 1	64.09	126.95	141.18	209.07
Opal Vision Plan	22.39	49.23	42.50	69.37	Opal Vision Plan	22.39	49.23	42.50	69.37
<b>Total:</b>	<b>552.51</b>	<b>1,201.44</b>	<b>1,069.15</b>	<b>1,723.14</b>	<b>Total:</b>	<b>505.91</b>	<b>1,098.92</b>	<b>980.60</b>	<b>1,578.68</b>
<b>EE Monthly Cost:</b>	<b>\$55.25</b>	<b>\$120.14</b>	<b>\$106.92</b>	<b>\$556.92</b>	<b>EE Monthly Cost:</b>	<b>\$50.59</b>	<b>\$109.89</b>	<b>\$98.06</b>	<b>\$412.46</b>
Evergreen / HSA*	466.03	1,025.26	885.47	1,444.70	Evergreen / HSA*	419.43	922.74	796.92	1,300.24
Willamette Dental	\$42.75	\$84.65	\$90.07	\$135.38	Willamette Dental	\$42.75	\$84.65	\$90.07	\$135.38
Opal Vision Plan	22.39	49.23	42.50	69.37	Opal Vision Plan	22.39	49.23	42.50	69.37
<b>Total:</b>	<b>531.17</b>	<b>1,159.14</b>	<b>1,018.04</b>	<b>1,649.45</b>	<b>Total:</b>	<b>484.57</b>	<b>1,056.62</b>	<b>929.49</b>	<b>1,504.99</b>
<b>EE Monthly Cost:</b>	<b>\$53.12</b>	<b>\$115.91</b>	<b>\$101.80</b>	<b>\$483.23</b>	<b>EE Monthly Cost:</b>	<b>\$48.46</b>	<b>\$105.66</b>	<b>\$92.95</b>	<b>\$338.77</b>
Evergreen / HSA*	466.03	1,025.26	885.47	1,444.70	Evergreen / HSA*	419.43	922.74	796.92	1,300.24
Delta Dental Plan 1 no vision	64.09	126.95	141.18	209.07	Delta Dental Plan 1 no vision	64.09	126.95	141.18	209.07
<b>Total:</b>	<b>530.12</b>	<b>1,152.21</b>	<b>1,026.65</b>	<b>1,653.77</b>	<b>Total:</b>	<b>483.52</b>	<b>1,049.69</b>	<b>938.10</b>	<b>1,509.31</b>
<b>EE Monthly Cost:</b>	<b>\$53.01</b>	<b>\$115.22</b>	<b>\$102.67</b>	<b>\$487.55</b>	<b>EE Monthly Cost:</b>	<b>\$48.35</b>	<b>\$104.97</b>	<b>\$93.81</b>	<b>\$343.09</b>
Evergreen / HSA*	466.03	1,025.26	885.47	1,444.70	Evergreen / HSA*	419.43	922.74	796.92	1,300.24
Willamette Dental no vision	\$42.75	\$84.65	\$90.07	\$135.38	Willamette Dental no vision	\$42.75	\$84.65	\$90.07	\$135.38
<b>Total:</b>	<b>508.78</b>	<b>1,109.91</b>	<b>975.54</b>	<b>1,580.08</b>	<b>Total:</b>	<b>462.18</b>	<b>1,007.39</b>	<b>886.99</b>	<b>1,435.62</b>
<b>EE Monthly Cost:</b>	<b>\$50.88</b>	<b>\$110.99</b>	<b>\$97.55</b>	<b>\$413.86</b>	<b>EE Monthly Cost:</b>	<b>\$46.22</b>	<b>\$100.74</b>	<b>\$88.70</b>	<b>\$269.40</b>
Evergreen / HSA* no dental	466.03	1,025.26	885.47	1,444.70	Evergreen / HSA* no dental	419.43	922.74	796.92	1,300.24
Opal Vision Plan	22.39	49.23	42.50	69.37	Opal Vision Plan	22.39	49.23	42.50	69.37
<b>Total:</b>	<b>488.42</b>	<b>1,074.49</b>	<b>927.97</b>	<b>1,514.07</b>	<b>Total:</b>	<b>441.82</b>	<b>971.97</b>	<b>839.42</b>	<b>1,369.61</b>
<b>EE Monthly Cost:</b>	<b>\$48.84</b>	<b>\$107.45</b>	<b>\$92.80</b>	<b>\$347.85</b>	<b>EE Monthly Cost:</b>	<b>\$44.18</b>	<b>\$97.20</b>	<b>\$83.94</b>	<b>\$203.39</b>

STAND ALONE PLAN RATES - Monthly Premium Costs				
PLAN OPTIONS	EE ONLY	EE + SPOUSE	EE + CHILD(REN)	FAMILY
Alder Medical-Synergy	\$638.97	\$1,405.74	\$1,214.07	\$1,980.86
<b>EE Monthly Cost:</b>	\$63.90	\$239.52	\$47.85	\$814.64
Birch Medical-PPO	\$628.29	\$1,382.22	\$1,193.75	\$1,947.71
<b>EE Monthly Cost:</b>	\$62.83	\$216.00	\$27.53	\$781.49
Cedera Medical-PPO	\$580.73	\$1,277.60	\$1,103.40	\$1,800.31
<b>EE Monthly Cost:</b>	\$58.07	\$127.76	\$110.34	\$634.09
Evergreen Medical - PPO	\$466.03	\$1,025.26	\$885.47	\$1,444.70
<b>EE Monthly Cost:</b>	\$46.60	\$102.53	\$88.55	\$278.48
Evergreen Medical - Synergy	\$419.43	\$922.74	\$796.92	\$1,300.24
<b>EE Monthly Cost:</b>	\$41.94	\$92.27	\$79.69	\$130.02
Delta Dental Plan 1	\$64.09	\$126.95	\$141.18	\$209.07
<b>EE Monthly Cost:</b>	\$6.41	\$12.70	\$14.12	\$20.91
Willamette Dental	\$42.75	\$84.65	\$90.07	\$135.38
<b>EE Monthly Cost:</b>	\$4.28	\$8.47	\$9.01	\$13.54
Opal Vision Plan	\$22.39	\$49.23	\$42.50	\$69.37
<b>EE Monthly Cost:</b>	\$2.24	\$4.92	\$4.25	\$6.94